



MISSOURI GAMING COMMISSION
BINGO DIVISION
P.O. BOX 1847, JEFFERSON CITY, MO 65102
(573) 526-5370 FAX: (573) 526-5374
IN-STATE TOLL FREE 1-866-801-8643

APPLICATION FOR HALL PROVIDER OF BINGO PREMISES

FORM
150A
(REV. 4-04)

PLEASE TYPE OR PRINT LEGIBLY

POSTMARK

EFFECTIVE DATE

EXPIRATION DATE

1. FEDERAL EMPLOYER IDENTIFICATION NO., OR SOCIAL SECURITY NUMBER

2. COUNTY

LESSOR'S NAME AND LOCATION ADDRESS

LESSOR'S NAME AND MAILING ADDRESS

3. COMPANY NAME

NAME

STREET ADDRESS (PHYSICAL LOCATION)

MAILING ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

TELEPHONE NUMBER
()

4. LAWFUL SEATING CAPACITY

5. TYPE OF BUSINESS

☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP

☐ DOMESTIC CORPORATION
☐ NONPROFIT CORPORATION

☐ FOREIGN CORPORATION
☐ NONPROFIT ORGANIZATION

☐ GOVERNMENT
☐ OTHER

5a. **ATTACH** a copy of the Certificate and Articles of Incorporation under laws of the state it has been formed, if applicant is a nonprofit corporation. If registered as a foreign corporation, **ATTACH** a copy of the Certificate of Authority; or

5b. **ATTACH** a copy of the Deed of Trust or General Warranty Deed reflecting proof of ownership of the property. The copy must include the seal or stamp of the applicable "Recorder of Deeds", along with the transaction date, book and page number. If the property is not owned by your organization, **ATTACH** a copy of the lease.

6. Complete and **ATTACH** a Schedule 1 listing the name, title, home address, social security number and date of birth of the following persons involved with the leasing of the premises to be utilized for the conduct of bingo:

(a) If a nonprofit organization and/or corporation, list each officer;

(b) If a sole proprietorship, list the individual owner;

(c) If a partnership, list each partner;

(d) If a domestic or foreign corporation, list each officer, the registered agent and each person who owns five percent (5%) or more of any class stock in the corporation.

7. DOES THE INDIVIDUAL OR BUSINESS SEEKING THIS LICENSE OR ANY OF THE INDIVIDUALS LISTED ON SCHEDULE 1 HAVE A FINANCIAL INTEREST IN ANY COMPANY LICENSED AS A MANUFACTURER OR SUPPLIER OF BINGO EQUIPMENT AND SUPPLIES AND/OR PULL TAB CARD UNITS IN MISSOURI? ☐ YES ☐ NO

8. FREQUENCY LIST - INCLUDE YOUR ORGANIZATION IF CONDUCTING BINGO

BINGO ORGANIZATION'S NAME

LICENSE NUMBER

DAY AND TIME

LEASE AMOUNT
(PER OCCASION)

9. FEES PER BINGO OCCASION - ENCLOSE CHECK AND ATTACH TO THIS APPLICATION

☐ AUXILIARY ONLY - NOTE: A nonprofit organization renting its premises solely to its own auxiliary is not required to pay the fee; however, this application must still be completed.

☐ 1 - \$150.00 ☐ 2 - \$300.00 ☐ 3 - \$450.00 ☐ 4 - \$600.00 ☐ 5 or more - \$750.00

10. Complete Schedule C.

11. SIGNATURE OF OWNER, PARTNER, OFFICER OR PERSON
AUTHORIZED BY ATTACHED POWER OF ATTORNEY

TITLE

DATE

DAYTIME TELEPHONE NUMBER
()

The company/organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the company/organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with any bingo games.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

FOR COMMISSION USE ONLY

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO

APPLICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE			\$ DATE

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MISSOURI GAMING COMMISSION
BINGO DIVISION

CURRENT OFFICERS FOR HALL PROVIDER OF BINGO PREMISES - SCHEDULE 1

COMPANY NAME		HALL PROVIDER LICENSE NO.	
LIST THE SOCIAL SECURITY NUMBER, FULL NAME, AND HOME ADDRESS FOR EACH OF THE FOLLOWING PERSONS INVOLVED WITH THE LEASING OF THE PREMISES TO BE UTILIZED FOR THE CONDUCT OF BINGO (A) IF A NON PROFIT ORGANIZATION OR NON PROFIT CORPORATION, LIST EACH OFFICER (B) IF A SOLE PROPRIETORSHIP, LIST THE INDIVIDUAL OWNER (C) IF A PARTNERSHIP, LIST EACH PARTNER (D) IF A CORPORATION, LIST EACH OFFICER, THE REGISTERED AGENT AND EACH PERSON WHO OWNS FIVE PERCENT OR MORE OF ANY CLASS OF STOCK IN THE CORPORATION DISCLOSURE OF THE SOCIAL SECURITY NUMBER OF AN INDIVIDUAL IS AUTHORIZED UNDER CHAPTER 313 AND MAY BE USED FOR CRIMINAL BACKGROUND INVESTIGATION PURPOSES OR FOR INDIVIDUAL IDENTIFICATION			
PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE			
LIST ALL OFFICERS			
NAME		NAME	
TITLE DAYTIME TELEPHONE		TITLE DAYTIME TELEPHONE	
ADDRESS		ADDRESS	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE	
DATE OF BIRTH SOCIAL SECURITY NUMBER		DATE OF BIRTH SOCIAL SECURITY NUMBER	
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SIGNATURE		DATE	

LIST ALL OFFICERS

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PLAYING LOCATION DIRECTIONS - SCHEDULE C

NAME OF ORGANIZATION

BINGO LICENSE NUMBER

PLAYING LOCATION ADDRESS

Please provide detailed directions to your bingo hall starting from a major highway in your city or town.

For Example: Take Highway 63 South to Meramec Street and turn right. There will be a Blockbuster Video on the corner. Go 4 blocks to Charles Street and turn left. Our hall is located at 317 Charles Street.

Directions: